

518.128 Form NRCS-1245, Practice Approval and Payment Application

U.S. Department of Agriculture NRCS-1245 PRACTICE APPROVAL AND PAYMENT APPLICATION Penalty for false statement or entries.	PROGRAM and CONTRACT NUMBER:	PAYMENT APPLICANT NAME, ADDRESS, AND TELEPHONE NUMBER:
	STATE and COUNTY:	

SPECIFIED CONSERVATION PRACTICES PERFORMED

Line	CIN	Practice Code	Practice	Land Units	Date Started	Date Completed	Practice Extent	Actual Cost Unit	Cost Share % Type	Amount Earned
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										

Total Earned:

Practice(s) performed to the extent shown in Extent of Practice above, and meets program requirements. If the Practice does not meet practice specifications or if additional work is required, see explanation in Performance Report.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Technician Signature:	Date:
Performance Report:			
CERTIFICATION BY PARTICIPANT (s): I certify that the above information is true and correct. I further certify that the entries in the Practice Extent Column above show that the practice was performed in accordance with the practice specifications and other program requirements. I hereby apply for payment to the extent that the NRCS Approving Official has determined that the practice(s) has (have) been performed and further certify that this payment is not a duplicate of any other earned by me. I agree to maintain this (these) practice(s) for at least the practice span life beginning with the date the practice was completed. I agree to refund all or part of the cost-share/incentive assistance paid to me, as determined by the NRCS Approving Official, if before expiration of the practice lifespan, I (a) destroy the practice installed, or (b) relinquish control or life to the land on which the installed practice has been established and the new owner and/or operator of the and does not agree in writing to properly maintain the practice for the remainder of its specified lifespan.			

PARTICIPANT CERTIFICATION AND SIGNATURE

PARTICIPANT		PARTICIPANT	
Name and Address:	Tax ID (SSN or TIN):	Name and Address:	Tax ID (SSN or TIN):
Signature:	Date:		
Direct Deposit Routing and Acct. No. if Changed from last payment Request:		Direct Deposit Routing and Acct. No. if Changed from last payment Request:	

CERTIFICATION OF NRCS APPROVING OFFICIAL

Pursuant to authority vested in me, I certify that the items listed herein are correct and hereby approved for payment from the fund designated on supporting data records.	
Signature:	Date:

U.S. Department of Agriculture NRCS-1245	PROGRAM and CONTRACT NUMBER:	PAYMENT APPLICANT NAME, ADDRESS, AND TELEPHONE NUMBER:
PRACTICE APPROVAL AND PAYMENT APPLICATION	STATE and COUNTY:	
Penalty for false statement or entries.		

PUBLIC BURDEN STATEMENT

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0578-0013. The time required to complete this information collections is estimated to average 45/0.75 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

PRIVACY ACT

NOTE: The following statement is made in accordance with the Privacy Act of 1974, (5 U.S.C. 522a). The authority for requesting the following information is 7CFR 1466 (EQIP), 7 CFR 1469 (FPP), 7 CFR 636 (WHIP), and Public Law 106-224, Section 133 (b), AMA, and Section 211 (b), SWCA. The information will be used to allow a farmer, rancher, or landowner to apply for conservation benefits under the terms and conditions of the contract. Furnishing the required information is necessary to determine properly the eligible land for the applicable program benefits. Failure to furnish the requested information will result in the agencies, and in response to a court magistrate or administrative tribunal. The provisions of criminal and civil fraud statutes, including 18 U.S.C. 286,287, 371, 641, 1001; 15 U.S.C. 714m; and 31 U.S. C. 3729 may also be applicable to the information provided.

USDA NONDISCRIMINATION STATEMENT

“The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, sex, religion, age, disability, political beliefs, sexual orientation, and marital or family status. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA’s Target Center at (202) 720-2600 (voice and TDD.) To file a complaint of discrimination write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 14th and Independence Avenue, SW, Washington, DC 20250-9410 or call (202) 720-5964 (voice or TDD). USDA is an equal opportunity provider and employer.”